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REMARKS

**LITTLE HOOVER COMMISSION
PUBLIC HEALTH SYSTEM PREPAREDNESS
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The events of September 11 have placed public health at the center of public attention.

The question posed from all sectors is whether our public health system is prepared to respond to terrorist attacks.

This unprecedented public attention coincides with an increasingly persistent and urgent discussion among public health officials and community groups of three major challenges to public health:

- **public health infrastructure needs, from technology to staff and leadership;**
- **the implications of a shift in public health priorities from preparing for infectious disease to preventing disease; and**
- **the need to develop communication mechanisms and all-inclusive practices and policies that establish relationships of trust and confidence between underserved communities, key stakeholders and the public sector in order to achieve the public health mandate to protect the public's health from natural or intentional threats.**

These challenges -- infrastructure, preventing disease and relationships with diverse communities and other stakeholders -- are the very same issues that, if addressed properly, will ensure that the public health system is prepared to respond to terrorist attacks.

Preparedness and Interdependency

Preparedness requires interdependency between agencies, the media, and the public, especially that sector of the public least likely to engage the public sector. The health of California's communities is too important to leave its protection

exclusively to local government. While government has a unique and primary responsibility for protecting and promoting the people's health, assuring the health of an entire population also requires the influence and involvement of various stakeholders -- from business, education, the media, parents and community groups. Establishing and leveraging the relationships between the public sector and these groups is an essential step toward ensuring preparedness and providing "health security" -- a framework currently being developed by RAND.

All of the elements that address the public's health within a community -- including government and non-government health providers, emergency responders, fire, police, clinics and other community institutions -- must be prepared to interact effectively. No single element of a community on its own can assure the health of the whole. With this sort of comprehensive system in place, the community can respond most rapidly and effectively to health risks -- acute or chronic, manmade or natural -- and to sustain that response for as long as necessary.

Preparedness requires the public health system to recognize and leverage the state's diversity. Communities must be prepared to participate in their own health security. Government should be building relationships of trust and confidence with diverse communities (especially the underserved and traditionally disenfranchised) in order to ensure preparedness throughout the community. By including diverse groups in planning, implementation and evaluation of public health activities, systems change and policy development, communities will assume greater responsibility for keeping its constituency informed and up-to-date on issues of concern.

Resource Needs

Resources are necessary to effectively develop community health security. Government institutions, including public health, social services and schools, as well as community based organizations must be given the resources, the tools and the responsibility to forge these dynamic and informed relationships which reflect the communities they serve now and into the future.

New investments in surveillance and communications that emerge out of preparedness for terrorism should be used to advance public health institutions' understanding of and expertise with the population's diversity in all of its dimensions: culture, language, age, lifestyle, geography, etc.

In this way surveillance and communications resources developed for preparedness will also be used to address the daily threat of the heaviest burdens to the health of the community including chronic disease, substance abuse, injury and mental illness. Health security should address the determinants of health that lead to the greatest strengths or vulnerability in a population.

A New Vision for Public Health

Restructuring or redesigning the system with a new vision makes sense. The tremendous new federal investment in public health preparedness and infrastructure will be dollars misspent if this burst of activity and focus on public health only focuses its efforts on preventing a single event and misses the numerous other risks and dangers facing our public's health. The rare opportunity to not only protect but to promote health should be viewed as a mandate to reengineer the system and create a vision for a healthy, secure population, based on the proven principles of consumer involvement, prevention, equality, access and quality.

This vision must include shared communication, leadership at the local level, awareness and utilization of best practices, shared resources through regional agreements, media coordination, agreements across regions, as appropriate, and discretionary funding to build community relationships.

The Relationship Between Public Health and Health Care Delivery System

As there is increased attention and resources being provided to ensure that the public health system can respond to a bioterrorism threat, we must also recognize that the public health infrastructure does not operate in isolation of the health care delivery system and, in particular, the *public* health care delivery system. Epidemics, both natural and created, cross all socio-economic boundaries. Early detection requires that all residents have access to emergency services, as well as to primary care, and that those services be connected and integrated with public health.

Yet, the public health care delivery system is becoming increasingly fragile, jeopardizing this critically important component of a comprehensive response system. The crisis in Los Angeles County—the second largest public health care system in the country—is a case in point. As a result of a persistently large uninsured population, rising costs, and decreasing revenues, the County health system faces at least a \$600 million deficit in less than three years. With the current federal Medicaid Waiver due to expire, the County has already closed 11 clinics and will shortly consider further cuts and closures, including a major trauma center.

The county public health system's emergency rooms and trauma centers respond to thousands of life-threatening cases each year— from family members severely injured in highway automobile accidents to police and fire personnel critically hurt in the line of duty. This system is the first line of defense of a bioterrorist attack. Yet, it cannot be sustained without significant resources. In addition to funding, however, the county's health system must be reformed, consistent with the principles discussed previously—integration with community health providers, consumer involvement, and prevention.

Because of the size of the Los Angeles system and the complex formulas that determine its financing, what happens in LA has significant statewide implications for public health care systems throughout the state. Unless this crisis is addressed, our public health preparedness will be seriously undermined.

The Role of Philanthropy

Philanthropy is available to test out ideas that might improve systems and ultimately health for Californians. We believe that public health is a vital public resource. To be effective, however, public health must build partnerships with communities to improve and protect their health. That relationship is key to preventing diseases, promoting health and well-being in communities and assuring that the public health system is prepared for a terrorist attack. To do so will require resources, new ideas on public health governance, policy and program development, and possibly new public health structures.